



City of Milwaukee Department of Neighborhood Services
Nuisance and Environmental Health Section (414) 286-5571
4001 S. 6th St, 2nd floor, Milwaukee, WI 53221
FAX (414) 286-5165

Date _____

Application for Removal of Vehicle

Re: _____
Make/Model/Color and Approximate Year _____ Vehicle Identification Number _____

License Number (Include State and Expiration Date)

COMPLETE **OPTION 1** OR **OPTION 2** (DO NOT FILL IN BOTH)

OPTION 1: SURRENDERED VEHICLE (Giving up a vehicle that *you* own)

I am enclosing BOTH a sixty dollar (\$60) **removal fee** (check or money order, payable to the Treasurer of the City of Milwaukee) and the **title** (free of liens) for this vehicle, signed by the owner of the vehicle and designating that the title of the vehicle is being given to the "City of Milwaukee". I hereby request that the City of Milwaukee remove the above described vehicle from the premises located at _____.

(Date)

(Signature of vehicle owner)

(Telephone Number)

PRINT YOUR NAME

(Address)

OPTION 2: ABANDONED VEHICLE (Declaring that a vehicle was abandoned on your property)

I do not own or have the title for the above-described vehicle. This vehicle has been parked on my premises at _____ either without my permission or I have rescinded permission. I request that the City of Milwaukee remove this vehicle from my property with no cost to me

(Date)

(Signature of agent or property owner)

(Telephone Number)

PRINT YOUR NAME

(Address)

Note: This form must be returned to Officer _____ assigned to this case by **FAX (414) 286-5165** or by delivering personally to the Officer within 72 hours of the date of the order declaring the vehicle to be a nuisance. Failure to do so will result in the cost of the vehicle removal and administrative costs being assessed to the property taxes of the lot where the vehicle is located. Contact the Officer at 286-_____ immediately in order to arrange for personal delivery of this completed form or if you have any questions.